

COLLIN COUNTY  
PERSONNEL ACTION FORM

127 599

NAME: ROSSATO NORMA KAY			DATE: 3-10-89
LAST	FIRST	MIDDLE	DEPARTMENT:
SOCIAL SEC. NO.: 493-34-7469			TAX ASSESSOR

<b>EMPLOYMENT</b>	Employment Date:	Job Title:		SALARY:
	7-1-88			
Previously Employed:	Original Employment Date:	Separation Date:	Supervisor:	SALARY:
ELIGIBILITY DATES: (For Office Use Only)	Vacation Days:	Sick Leave:	Insurance: (Medical)	Self Dependents

<b>Salary and/or title change</b>	Current Job Title	Current Salary	Range	Step
	Vehicle Reg.Clk - Perm.Part-Time	\$5.25 p/h		
	New Job Title	New Salary	Range	Step
	Same	\$5.75 p/h		
Reason: <input checked="" type="checkbox"/> Satisfactory Performance <input type="checkbox"/> Unsatisfactory Performance <input checked="" type="checkbox"/> Exceptional Merit				

<b>TRANSFER</b>	FROM:	TO:	<b>SICK LEAVE</b>	Dates of Sick Leave:
<b>LEAVE OF ABSENCE Give Reason</b>	FROM:	TO:		Previous Days Sick Leave Taken This Year:
RETURN	DATE:	<input type="checkbox"/> Ins. Notified		Was Doctor's Statement Furnished? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>VACATION</b>	Date Requested - From:	To:	Total Work Days Away	Previous Days Taken This Year
<b>SEPARATION</b>	Employment Date	Last Day Worked	Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain	
Vac. Pay No. Hrs.	Amt. Paid	Comp. Pay No. Hrs.	Amt. Paid	

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Voluntary Retirement             | <input type="checkbox"/> Return To School                | <input type="checkbox"/> Insubordination                        |
| <input type="checkbox"/> Mandatory Retirement. Co. Policy | <input type="checkbox"/> Family Problems                 | <input type="checkbox"/> Reporting Under Influence of Alcohol   |
| <input type="checkbox"/> Death                            | <input type="checkbox"/> Resignation For Other Reasons   | <input type="checkbox"/> Drinking On Duty                       |
| <input type="checkbox"/> Illness or Injury                | <input type="checkbox"/> Reduction In Force              | <input type="checkbox"/> Destruction or Removal Of Co. Property |
| <input type="checkbox"/> Leaving Area                     | <input type="checkbox"/> Habitually Absent or Tardy      | <input type="checkbox"/> Falsification of County Records        |
| <input type="checkbox"/> Accept Other Job                 | <input type="checkbox"/> Unreported Absence              | <input type="checkbox"/> Misconduct                             |
| <input type="checkbox"/> Dissatisfied                     | <input type="checkbox"/> Leaving Work Without Permission | <input type="checkbox"/> Other (Explain in comments)            |

How Many Days Advance Notice Given? 

COMMENTS:

Dated this 13th day of March, 19 89

Wm J Roberts

COUNTY JUDGE

EFFECTIVE DATE: 3-16-89

DATE

3/10/89

DATE

EMPLOYEE (IF APPLICABLE)

DEPARTMENT HEAD

DATE

PERSONNEL DIRECTOR